

Leave of Absence Form

Flexible Spending Accounts (FSA)

Participants must make arrangements **PRIOR** to going on a Leave of Absence with their Benefits/Human Resources Office in order to maintain coverage. Failure to complete a **LEAVE OF ABSENCE FORM** could result in benefits being revoked.

How does a Leave of Absence effect my Health Care Flexible Spending Account?

In order to maintain Health Care FSA coverage, you must make arrangements **PRIOR** to going on **UNPAID** leave with your Human Resources Office to pay for coverage after you return from unpaid leave. If you have been on unpaid leave for **longer than 30 consecutive days** and **did not elect to catch up** contributions when you return, the election and corresponding coverage **will be revoked** (effective on the last day worked). Once your coverage is revoked, your ASIFlex Card will be immediately suspended.

A new election may be made within **31 days** of return to work, effective for coverage the first of the month following approval of the submitted form. However, no coverage will exist for months in which no contributions were made if the participant had not elected to catch up contributions prior to the end of the 30 days. There will be a hold put on a participant's account (no claims will be paid) if contributions are not received on two consecutive payrolls and no leave form has been filed with your Human Resources Office.

What happens if I do not complete the Leave of Absence Form for Health Care FSA?

If a Leave of Absence Form is not submitted before a Leave of Absence begins, your participation in the Health Care FSA will be revoked during the entire period of leave and the Health Care FSA will be subject to the provisions of a revoked account:

- ↳ Coverage will end as of first day of leave and claims incurred after this date will not be eligible.
- ↳ ASIFlex Card will be immediately suspended

If you will experience an unpaid leave, please complete the **LEAVE OF ABSENCE FORM** below and fax to the number listed below for review. **It is the employee's responsibility to file Leave of Absence Form with the Statewide Benefits Office PRIOR to going out on leave.**

How does a Leave of Absence effect my Dependent Care Flexible Spending Account?

Dependent Care expenses are not eligible for reimbursement during a period of **PAID** or **UNPAID** leave. Because of this, you may choose to have your deductions stopped prior to going on a paid leave. When you return to work, you will have **31 days** to reinstate your coverage with the same or a new annual election.

Employees who wish to stop Dependent Care Flexible Spending deductions should complete an **ELECTION CHANGE FORM** located at de.gov/statewidebenefits.

For more information, visit the SBO website at de.gov/statewidebenefits.



Contact Statewide Benefits Office with Questions:

Phone: (800) 489-8933
Fax: (302) 739-8339
Email: benefits@state.de.us
Web: de.gov/statewidebenefits



Leave of Absence Form Flexible Spending Account (FSA) **State of Delaware**

A completed Leave of Absence Form must be on file with your Benefits/ Human Resources Office PRIOR to going on leave in order to maintain Health Care FSA coverage.

Name (Last, First, MI)		Employee ID Number		
Agency/School District Benefit Representative		Plan Year	Date of Leave	
Agency/School District Name		Daytime Phone Number		
Leave Designation:				
<input type="checkbox"/> FMLA Leave	<input type="checkbox"/> Non-FMLA Leave	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Military Leave

I am requesting the following option regarding my Health Care FSA contributions (select one):

- ☐ **CATCH UP** - I elect to **catch-up contributions** to my Health Care FSA on my return from LOA. I understand that my period of coverage will extend throughout the LOA and claims for expenses incurred during my LOA **will be eligible** for reimbursement.
- I also understand that during my LOA, my employer has agreed to make contributions to my Health Care FSA. I further understand that when I return to work, the amount of contributions my employer made on my behalf will be recalculated and deducted from my paychecks on a pretax basis. I consider this amount a debt I owe my employer.
- I understand I may not change the underlying Health Care FSA election amount on account of commencing or returning from the LOA.
- ☐ **REVOKE** - I elect to **revoke contributions** to my Health Care FSA during my LOA. I understand my period of **coverage will end** as of the first day of my LOA and that **claims incurred after this date will not be eligible**.
- I understand once my coverage is revoked, my ASIFlex Card will be immediately suspended.
- I also understand that a new election may be made **within 31 days** of return to work, effective for coverage the first of the month following approval of the submitted form. I must forward a completed **ELECTION CHANGE FORM** to the **Statewide Benefits Office** if I wish to do so.
- I understand I may not change the underlying Health Care FSA election amount on account of commencing or returning from the LOA.
- I understand if I elected to revoke my Health Care FSA and are on LOA less than **31 days**, my election will automatically be reinstated upon my return and the amount of missed contributions recalculated and deducted from my paychecks on a pretax basis.

Employee Signature _____ **Date** _____

RETURN THIS FORM TO STATEWIDE BENEFITS OFFICE BY FAX, 302-739-8339.
PLEASE CONTACT STATEWIDE BENEFITS OFFICE, AT (800) 489-8933 WITH QUESTIONS.